

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

COMMUNICATION SERVICES TAX REGISTRATION CHANGE REQUEST

After completing the applicable section below, detach this form from the booklet and remit to:

	CURRENT COMPANY/RETAIL MAILING ADDRESS	
COMPANY/RETAI	LER NAME	
CORPORATE NAM	IE, PARTNER NAMES OR PROPRIETOR'S NAME	
NUMBER & STREE	TADDESS	
NUMBER & STREE	I ADDRESS	
ADDRESS (continu	ed)	
CITY/TOWN, STAT	E & ZIP CODE	
OOMBANY/DETAIL	BUSINESS MAILING ADDRESS CHANGE	
COMPANY/RETAIL	LEK NAME	
CORPORATE NAMI	E, PARTNER NAMES OR PROPRIETOR'S NAME	
NUMBER & STREE	TADDRESS	
ADDRESS (continu	ed)	
CITY/TOWN, STATE	= 8 7ID CODE	
CITT/TOWN, STATE	EAZIF CODE	
	CURRENT AGENT MAILING ADDRESS	
AGENT NAME	CORRENT AGENT MAILING ADDRESS	
NUMBER & STREE	TADDRESS	
ADDRESS (continue	ed)	
CITY/TOWN, STATE	E & ZIP CODE	
	AGENT MAILING ADDRESS CHANGE	
AGENT NAME	ACENT MALING ADDITION	
AUUMDED & OTDEE	T ADDITION	
NUMBER & STREE	:I ADDRESS	
ADDRESS (continu	ed)	
CITY/TOWN, STATI	E & ZIP CODE	
	COMPANY/RETAILER NAME CHANGE OR ENTITY CHANGE	
	COMI ANTINETALEEN NAME OFFANCE ON ENTITY OFFANCE	
CHAI	NGE FROM: TO:	
DRA USE ONLY	7	
	I understand a return must be filed for each month, even though there may be no tax due.	
	SIGNATURE (IN INK)	DATE
	NH DEPT OF REVENUE ADMINISTRATION	
	MAIL AUDIT DIVISION	
	TO: PO BOX 457 CONCORD NH 03302-0457	DP-144

DP-144 Rev. 11/04